

TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL

HEALTH CARE FINANCING ADMINISTRATION

WORKING COPY

1. TRANSMITTAL NUMBER:

00 - 017

2. STATE:

Washington

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

10/01/00

TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

5. TYPE OF PLAN MATERIAL (Check One):

DEC - 7 2000

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

7. FEDERAL BUDGET IMPACT:

a. FFY 01 \$ minimal

b. FFY 02 \$ minimal

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

P&I Remove 8a per state 423101

Supplement 2a and 8b to attachment 2.6-A
Page 69. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

N/A

10. SUBJECT OF AMENDMENT:

P&I Remove per letter 423101

Holocaust survivor income and resource exclusions

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

Exempt

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

DENNIS BRADDOCK

14. TITLE:

Secretary

15. DATE SUBMITTED:

12/6/00

16. RETURN TO:

DEPARTMENT OF SOCIAL & HEALTH SERVICE
MEDICAL ASSISTANCE ADMINISTRATION
623 8th Ave SE MS: 4500
Olympia WA 98504-5500

17. DATE RECEIVED:

DEC - 7 2000

18. DATE APPROVED:

MAR 1 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

OCT 1 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

151

21. TYPED NAME:

Teresa L. TRIMBLE

22. TITLE: ASSOCIATE REGIONAL ADMINISTRATOR
DIVISION OF MEDICAID AND STATE OPTIMALITY

23. REMARKS:

POSTMARKED: 12/6/00
(Pen & Ink)
ATE AUTHORIZED Following changes to HCFA 179 (A) Remove 8a to Section 8 (B) Remove income to Section 8
(2) STATE REVISED & REPLACED Supplemental 8b, page 6 with a new page 6 per letter 423101

REVISION

SUPPLEMENT 8b to ATTACHMENT 2.6 - A
Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: WASHINGTON

MORE LIBERAL METHODS OF TREATING RESOURCES UNDER SECTION
1902(r)(2) OF THE ACT.

() Section 1902(f) State (X) Non-Section 1902(f) State

The following applies to all individuals covered under Section
1902(a)(10)(A)(ii)(I), Section 1902(a)(10)(C), and Section
1905(p) of the Act.

When determining the countable resources for a Holocaust
survivor, exclude recoveries of insurance proceeds or other
assets.

TN# 00-017
Supersedes
TN# ---

Approval Date: 3-1-01 Effective Date: 10/1/00